## CITY OF SANTA BARBARA TRANSIENT OCCUPANCY TAX RETURN

**ESTABLISHMENT NAME:** 

STREET ADDRESS:	
CITY ACCOUNT NUMBER:	
Mail This Form and Check to: City of Santa Barbara Transient Occupancy Tax P.O. Box 1990 Santa Barbara, CA 93102	
Pursuant to Santa Barbara Municipal Code Chapter 4.08, this return must be completed and submitted with payment no later than the 10 <sup>th</sup> of each month.	
THIS RETURN IS FOR THE PERIOD OF (Month	& Year)
A. Enter the total rents received	\$
B. Subtract allowable deductions (see below)	\$
C. Enter difference (in line A minus \$ in line B)	\$
D. Enter 12% of the amount on line C and PAY	\$
E. Enter 10% of line D if paid after due date (for each month past due)	\$
F. ENTER TOTAL AMOUNT REMITTED	\$
Payment is due on or before the tenth day after the close of each month Saturday, Sunday or holiday, the next business day becomes the due distinguished imprint dates from postage meters.  A penalty of 10% will be added starting the day after the due date place.	ate. Postmarks are acceptable, but not
month. If delinquent more than 30 days, an additional 10% penalty will b	
I certify under penalty of perjury that all information in this report is, to the and complete.	ne best of my knowledge, true, correct
Prepared by/Signed	Date
Phone Number	

<u>ALLOWABLE DEDUCTIONS</u>: (1) Rents received for rooms occupied for more than thirty days, starting with the thirty-first day; (2) Rents received for apartments occupied for more than thirty days; and, (3) Rents received for conference and meeting rooms not used for sleeping purposes.